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CONFIRMATION NO. 4767

SERIAL NUMBER 10/643,807	FILING DATE 08/19/2003 RULE	CLASS 160	GROUP ART UNIT 3634	ATTORNEY DOCKET NO. 1.252.03					
APPLICANTS Jose Maria Sans Folch, Montblanc (Tarragona), SPAIN;									
** CONTINUING DATA ***** <i>None</i>									
** FOREIGN APPLICATIONS ***** <i>None</i>									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 11/13/2003									
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>My</i> Initials </td> <td style="width: 10%; border: none; text-align: center;"> STATE OR COUNTRY SPAIN </td> <td style="width: 10%; border: none; text-align: center;"> SHEETS DRAWING 9 </td> <td style="width: 10%; border: none; text-align: center;"> TOTAL CLAIMS 28 </td> <td style="width: 10%; border: none; text-align: center;"> INDEPENDENT CLAIMS 3 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>My</i> Initials	STATE OR COUNTRY SPAIN	SHEETS DRAWING 9	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 3
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ADDRESS MALLOY & MALLOY, P.A. Historic Coral Way 2800 S.W. Third Avenue Miami, FL 33129									
TITLE Assembly for retaining a louver of a vertical blind assembly in an operative position									
FILING FEE RECEIVED 447	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><input type="checkbox"/> All Fees</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Other _____</td> </tr> </table>					<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____
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